

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF Certificate of Need and Acute Care Licensure

NOTICE OF AVAILABILITY OF GRANT FUNDS

Take notice that, in compliance with NJSA 52:14-34.4 et seq. (L. 1987, c.7), the Department of Health and Senior Services hereby publishes notice of grant availability of the following grant program:

NAME OF GRANT PROGRAM: Stroke Center Designation

GRANT PROGRAM NO. 06-73 HPF

STATUTORY AUTHORITY: P.L. 2004, c. 136, codified at N.J.S.A 26:2H-12.27
through 26:2H-12.32

TYPE OF AWARDS TO BE ISSUED: Cost Reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Create/Designate as many hospitals in State of NJ as either Primary or Comprehensive Stroke Centers

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Three million dollars (\$3,000,000.00) per year pending Legislature allocation of monies to Department. A single award cannot exceed more than \$250,000.00 or 50% of the hospital's cost for developing the necessary infrastructure to satisfy stroke designation criteria, whichever is less. No more than 20% of the available funding (\$600,000.00) shall be awarded to applicants who will be seeking designation as a comprehensive stroke center. The award will begin on or about December 1, 2005. Matching grant awards shall be made to at least two applicant hospitals in the northern region of this State (Bergen, Hudson, Essex, Passaic, Morris, Sussex, and Warren counties), the central region (Union, Somerset, Hunterdon, Mercer, Middlesex, and Monmouth counties) and the southern region (Burlington, Camden, Gloucester, Salem, Cumberland, Cape May, Atlantic, and Ocean counties).

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Any licensed general hospital within the State may apply.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Hospitals applying for grants related to primary or comprehensive stroke center designations will be evaluated in accordance with the criteria established via the pursuant legislation and Request for Application

APPLICATION PROCEDURES:

Applicants are directed to access a grant application and the associated RFA from the Department's WEB page (<http://nj.gov/health/>) and to submit completed grant applications to the Division of Health Care Quality and Oversight, Office of Administration, Department of Health and Senior Services, PO Box 360, Trenton, NJ 08625-0360. Applicants will receive a receipt for each received package.

FOR INFORMATION CONTACT:

John A. Calabria, Director, CN and Acute Care Licensure
New Jersey Department of Health and Senior Services
PO Box 360,
Trenton, NJ 08625 - 0360

TELEPHONE: (609) 292-8773

FAX: (609) 292-3780

E-MAIL: John.Calabria@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

August 1, 2005

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

December 1, 2005

Date

Commissioner of Health and Senior Services

FS-25
MAY 03